

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001376

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Windsor

Length of stay in 1b

50 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Windsor HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Henry

c. CITY OR TOWN Windsor

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
510 N. WindsorReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Raymond

Middle H.

Last Witt

4. DATE OF DEATH

Month

Day

Year

January 11-1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-19-1910

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tavern operator

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

Calhoun Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

Walter Witt

13b. MOTHER'S MAIDEN NAME

Pearl Little

14. NAME OF HUSBAND OR WIFE

Fern Sands

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes WWII

17. INFORMANT

Fern Witt

Address

Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Appendicitis with ruptured appendix

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

7 hrs?

1 wk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-9-62

to

1-11-62

and last saw her

him alive on

1-11-62

- Death occurred at

4:45

a.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles D. Simmons MD

22b. ADDRESS

114 W Main Windsor Mo

22c. DATE SIGNED

1-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-13-62

23c. NAME OF CEMETERY OR CREMATORY

Greenridge

23d. LOCATION (City, town, or county)

Greenridge Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ellis M. Huston, Windsor Mo.

25. DATE RECD. BY LOCAL REG.

JAN. 15-1962

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

824 M. B.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 25 1962

MAR 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ellis H. Hunter

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.